SPEAKER NOTES

Anxiety Disorders: Recognizing and Treating Them

Summarized by Thomas T. Thomas

All serious mental illnesses have an element of anxiety, and anxiety is a class of mental disorders all its own. At our September 28 meeting, **Michael Menaster, MD, MA,** helped us identify them and consider the best form of treatment. Dr. Menaster is a psychiatrist in private practice in San Francisco. He received his medical degree from Chicago Medical School, did his psychiatric residency at the Los Angeles County-University of Southern California Medical Center, and holds a degree in forensic psychology. His clinical background includes adults, young adults, and adolescents, treating depression, anxiety disorder, and bipolar disorder. He has a reputation for compassion, being nonjudgmental, and interacting with his patients. He is unusual among psychiatrists in that he will work with family members at the patient's request.

MICHAEL MENASTER, MD, MA

"Anxiety is an inner discomfort experienced as excessive apprehension or fear," Dr. Menaster said. "Everyone feels anxiety, and in most cases it is normal, appropriate, and protective. For example, you should feel anxiety if you're considering doing something dangerous, like jaywalking. Anxiety becomes a disorder when it is excessive to the situation and impairs some aspect of the person's functioning—social, occupational, educational, or some other area of life." He also noted that many psychiatric conditions have anxiety as a symptom.

The anxiety disorders are usually, but not always, persistent. Dr. Menaster identified ten different types of anxiety disorder:

- Panic disorder, which usually involves discrete episodes.
- Agoraphobia, which includes a fear of enclosed spaces with no escape, like elevators and stairwells, or large open spaces filled with people.
- Separation anxiety disorder, occurring when the patient is separated from a loved one.
- Social phobia and social anxiety disorder, arising in social situations in which the patient may feel awkward.
- Specific phobias, such as fear of spiders or snakes.
- Obsessive-compulsive disorder (OCD).
- Generalized anxiety disorder.

- Post-traumatic stress disorder (PTSD) and acute stress disorder, which are differentiated by time. If the stress continues for less than a month, it is usually acute. If longer, then the patient usually has PTSD.
- Adjustment disorder with anxiety, which occurs when the patient must adjust to a new life situation, such as being laid off.
- Anxiety not otherwise specified (NOS), which is a general category.

"It's important to make a diagnosis," Dr. Menaster said, "not because we want to have a label, but because different anxiety disorders have different treatments." Sometimes, also, the anxiety is a symptom of an underlying medical problem, he said.

Anxiety disorders can have multiple and varying causes: the patient's genetics, personality, environmental triggers, a medical condition, and reaction to legitimate medications and street drugs. It is commonly accepted that anxiety is caused by a chemical imbalance in the brain—"but we don't yet know which chemicals," he said. Brain chemistry and behavior interact, and work has been done with positron-emission tomography (PET scans) on OCD patients to determine the effectiveness of medications and treatment.

A common medical condition that can cause anxiety is low (hypo) or high (hyper) thyroid activity. Medication—especially stimulants like Ritalin and Sudafed—can cause anxiety, as can withdrawal from a depressant like alcohol. Other psychiatric disorders can also cause anxiety. So it is important for the doctor to determine if these conditions exist before initiating treatment.

Conditions that are co-morbid (i.e., occur together with) anxiety disorders include:

- Other anxiety disorders—for example, OCD with agoraphobia.
- Substance abuse, because patients sometimes self-medicate with drugs and alcohol.
- Depression. Dr. Menaster said he believes depression and anxiety are actually the same disorder, and that sometimes the treatments are the same.
- Bipolar or manic-depressive disorder.
- Psychosis.

"We need to define that last term," he said. "Psychosis is an impairment of reality testing, such as hallucinations and delusions, or strange beliefs that are not culturally inherited. If voices are telling you to jump out of the window, that will probably make you anxious."

It is important to identify co-morbid conditions because they affect the choice of treatment and the patient's prognosis. With so many factors causing the anxiety disorders, treatment involves many modalities: medications, psychotherapy or "talk therapy," environmental changes, self-help, and medication for the co-morbid condition.

Of the medications, Dr. Menaster identified several groups of psychotropic agents:

- Selective serotonin reuptake inhibitors (SSRIs), such as Zoloft and Paxil, and selective norepinephrine reuptake inhibitors (SNRIs), such as Cymbalta and Effexor, are basically treatments for depression and take about a week to

address panic disorder. They are generally non-addictive and have no interaction with alcohol.

- The tricyclics antidepressants (TCAs), such as imipramine and Trofanil, are effective and non-addictive, but they have a lot of side effects, including sexual dysfunction and increased appetite and so weight gain. To be effective, the patient must stay on them for a long time.
- The benzodiazepines, such as Xanax, Valium, and Klonopin, offer immediate relief but have the side effect of sedation and poor coordination. A patient on Klonopin can be arrested for driving while under the influence (DUI). They are also addictive, and the patient must take them for a long time. The patient also builds up a tolerance to these medications. They don't treat depression. When taken with alcohol, the patient may lapse into coma and die.
- Beta blockers, such as propranolol, atenolol, and Inderal, are used to treat physical symptoms, such as excessive sweating.
- Atypical antipsychotics, such as Seroquel, Risperdal, and Zyprexa, are usually prescribed for bipolar but may be used off label with the patient's informed consent to treat anxiety. They are especially useful if the patient has become resistant to other treatments. The doctor said some of these medications are also linked to diabetes.

Of the various forms of psychotherapy, Dr. Menaster identified:

- Psychodynamic therapy, to investigate the childhood origins of the anxiety.
- Cognitive therapy, which is based on the premise that thoughts create feelings; so changing the thoughts should address the anxiety. This is done by challenging the thoughts and creating alternative thoughts. The advantage of this approach is that the improvement may continue after the patient finishes therapy. The disadvantage is that it takes many sessions and immediate relief is unlikely.
- Behavioral therapy, which involves changing behavior through systematic desensitization. For example, the therapist gradually exposes the patient to the unpleasant situation or environmental trigger and uses relaxation techniques to change the patient's response. The advantages and disadvantages are much the same as for cognitive therapy.
- Cognitive-behavioral therapy is a combination of these techniques.

Self-help can also be effective in some situations, such as joining Toastmasters to overcome the anxiety felt when asked to speak in public. Exercise is usually beneficial, too. "But of course, when you exercise, your heart rate goes up," Dr. Menaster said, "and that can make you feel anxious. It's best to have a medical assessment first." And finally, patients can avoid the things that worsen anxiety: triggering situations, caffeine, alcohol, and cigarettes.

"However," he said, "if the anxiety disorder is left untreated, it can lead to a treatment-resistant condition and to other conditions, such as substance abuse as a form of self-medication." He noted that Asian-Americans who are raised in a culture of shame often delay treatment for anxiety until the condition becomes much worse and is treatment resistant.

Two treatment regimens that he did not recommend are:

- Eye movement desensitization relaxation (EMDR), a form of eye exercises that are supposed to relax the patient by following the doctor's finger movements—because the results don't last.
- Herbal remedies, such as St. John's Wort for depression—because it is difficult to know the product's purity or the amount of the active ingredient and so the proper dosage, and interactions with other medications have not been studied.

Dr. Menaster took questions from the members, with the warning that he could not recommend medications without a good-faith patient examination in his office.

Q. What about electro-shock treatments for anxiety?

A. Electroconvulsive therapy (ECT) is good for depression, on the premise that the nerves of people with depression are not firing enough, and the seizures stimulate the nerves and cause them to recalibrate. Or that's the thinking. But it's brutal. It's also a great way to ruin memories. But it's no good for anxiety.

Q. You said some of the atypical antipsychotics can cause diabetes. What are the symptoms of diabetes?

A. Weakness, fatigue, going to the bathroom a lot, and eating a lot. You can check for diabetes with a fasting blood sugar test, several of which are available over the counter at the drug store, but you must take it while fasting. When prescribing the atypical antipsychotics, the doctor should take a base line blood sugar level first.

You can cut your overall risk of diabetes an amazing 58% simply by exercising regularly and avoiding sweets.